

## PART B - FEE(S) TRANSMITTAL

10-13-04

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7590

09/29/2004

Charles W. Calkins  
 Kilpatrick Stockton LLP  
 1001 West Fourth Street  
 Winston-Salem, NC 27101

10/15/2004 FMETEK12 00000014 10075423

01 FC:2501 685.00 OP

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/075,423	02/13/2002	Lawrence G. Reid JR.	00471/268588	7582

TITLE OF INVENTION: THERAPEUTIC BAG

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	12/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
DEMILLE, DANTON D	3764	601-015000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kilpatrick Stockton LLP

2 \_\_\_\_\_  
3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Zilon Corporation

Rural Hall, NC

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

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 The Director is hereby authorized by ~~check~~ ~~to require~~ ~~to pay~~ ~~any~~ credit any overpayment, to Deposit Account Number 16-1435 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*J. Michael Boggs*

Date

10/11/04

Typed or printed name

*J. Michael Boggs*

Registration No.

46,563

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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## EXPRESS MAIL CERTIFICATE

"Express Mail" Label No. : EV 463 358 594 US  
Serial No. : 10/075,423  
Applicant(s) : Lawrence G. Reid, Jr. et al.  
Filing Date : February 13, 2002  
Title : ***Therapeutic Bag***  
Examiner : Danton D. Demille  
Group Art Unit : 3764  
Type of Document(s) : Express Mail Certificate;  
Transmittal Form;  
PTOL-85/B – Issue Fee Transmittal (*in duplicate*);  
Check No. 373261 for \$685.00 (Issue Fee); and  
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Debbie K. Cooke (signature)  
Debbie K. Cooke

Date Mailed: *October 11, 2004*



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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/075,423
		Filing Date	February 13, 2002
		First Named Inventor	Lawrence G. Reid, Jr. et al.
		Art Unit	3764
		Examiner Name	Danton D. Demille
Total Number of Pages in This Submission	3	Attorney Docket Number	00471-268588

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Express Mail Certificate 2. Return Postcard
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	J. Michael Boggs, Reg. No. 46,563
Signature	
Date	10/11/04

## CERTIFICATE OF TRANSMISSION/MAILING

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